

# WASHINGTON STATE FIRST STEPS NEWS

A newsletter for Maternity Support Services and Infant Case Management Providers



Issue 6  
November 2006

## Update on First Steps Automation Project

*Submitted by Jan Crayk, Maternal and Infant Health Consultant, Department of Health*



Developing the paper forms for charting and documentation was the first step toward standardizing documentation of client services. This laid the groundwork for moving forward on the First Steps Automation Project (an electronic documentation system). An important activity is the completion of the *detail design* phase, including agreement on the data and definitions that will be part of the system. A First Steps Systems Requirement Advisory Group was formed and met in June 2006. That meeting served to further refine the *detail design* required to proceed with the development of a centralized data warehouse.

Simultaneously with this work, a decision package to request funding from the state legislature was submitted. The current fiscal environment allowed very few decision packages across state agencies to move forward. It was also more difficult to receive funding for technology projects than other types of services. Although the decision package portrayed a very compelling case, unfortunately, it was not funded. The building and implementation of a centralized data warehouse will not be funded at this time. A final report will be distributed to First Steps agencies that will detail the electronic system requirements necessary to collect the required data. This report will be useful to agencies when communicating the system requirements to their software vendors.

Please contact Jan Crayk at [Janice.crayk@doh.wa.gov](mailto:Janice.crayk@doh.wa.gov) or (360) 236-3501 if you have further questions.

## First Steps Website Changes

*Submitted by Lenore Lawrence, First Steps Program Manager, DSHS*

DSHS is reorganizing and standardizing all program websites. The goal is to increase the usefulness of the websites for clients and providers. The First Steps Website is currently undergoing modification.

The new website will feature three sections:

### **Client Page**

Information about First Steps, how to apply, additional resources

### **Administration**

First Steps Database information

Information/resources for those administering the FS program

### **Clarification Corner**

First Steps Manual (*now presented in Adobe PDF*)

First Steps Documentation

First Steps Childcare

### **In this Issue:**

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The manual has a complete table of contents with internal links to navigate within the document. Clicking on the topic in the table of contents takes you directly to that section. In addition, many of the pieces such as Childbirth Education (CBE) from the old Clarification Corner are now in the manual.

The FS Provider Directory is temporarily unavailable. It is in the process of being updated. We hope to have both the FS Provider Directory and the Childbirth Education Directory added to DSHS' Integrated Provider Network Database.

Please send your feedback on the website to Lenore Lawrence: [lawrele@dshs.wa.gov](mailto:lawrele@dshs.wa.gov)

**Don't wait!** Take a look at the FS Website now: <http://fortress.wa.gov/dshs/maa/firststeps>

## Clarification Information for First Steps ChildCare

Submitted by Cathy Hewins, First Steps Childcare Program Manager, DSHS

- First Steps Childcare (FSCC) is childcare funded through the First Steps Program for children of pregnant or post-pregnancy women who are attending appointments for *outpatient Medicaid-covered services*. These services are listed on pages 8 & 9 of the FSCC Billing Instructions, found online at <http://fortress.wa.gov/dshs/maa/firststeps>, click on Clarification Corner; choose childcare. Or visit the web address <http://dshs.wa.gov/download/publications.htm>. First Steps provides childcare funding only when the service is medically necessary for mom or baby. First Steps Childcare funding does not finance respite care (*e.g. new mother adjusting to role*) or chore assistance.
- First Steps Childcare reimburses for childcare services from pregnancy through two months postpartum ONLY for services that are eligible under First Steps program rules.

If your client has a need for childcare beyond the program time period, please contact Childcare Resource and Referral (R & R) agency at 1-800-446-1114 for help in finding quality, affordable child care.

- For Bed rest requests, the FSCC Program Manager must receive a copy of the OB provider's prescription with your request for childcare funding. (**REMEMBER**, *pre-authorization is required from the FSCC Program Manager*) The prescription must state a medical reason, the hours needed, and the duration of the services. The medical reason must reflect one of the approved reasons listed on page 8 of the FSCC Billing Instructions in order for childcare funding to be authorized.

If mom's situation is not listed on page 8 of the Billing Instructions, please have the OB provider write out a complete clinical description of the situation and fax it to the FS ChildCare office. Staff will review the description to determine if the medical reason meets the eligibility requirements under the FS program rules. The FSCC FAX number is (360) 586-1951.

- First Steps ChildCare will provide childcare funding while mom is visiting a newborn(s) in the Neonatal Intensive Care Unit (NICU). Pre-authorization from the First Steps ChildCare office is required. Please be sure to state the hours needed and remember the FSCC program only covers up to two months post-partum.
- Complete and, fax the Background Check form to 360-902-0292. The result will be faxed back to you. If you have questions about the result, please contact the Background Check Central Unit (BCCU) @ 360-902-0299 for assistance.

Just a reminder on the background check form: **Box # 5** on this form is for writing in the client's name. By putting the client's name in this box, the result will have the client's name in the lower left corner of the document. This helps identify which client (mother's) children the childcare is for. Forward the Background Check results along with the billing form(s) to the First Steps Program Manager for payment processing. Please remember to put a copy of the childcare provider's background check result in the client's file.

We are developing new documents that will make it easier to obtain the information needed to authorize child care requests. We'll keep you posted...

Thank you for helping mothers link to childcare services during this important time. Please contact Cathy Hewins at [hewincj@dshs.wa.gov](mailto:hewincj@dshs.wa.gov) or telephone 360-725-1654 if you have questions.

### New Region 6 Regional Coordinator for First Steps and Family Planning

The Region 6 First Steps and Family Planning CSO Regional Coordinator has changed. For Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Klickitat, Lewis, Mason, Pacific, Skamania, Thurston and Wahkiakum counties, please contact Kim Shidell at 360-725-4829, FAX 360-407-1005, or email

[ShideK@dshs.wa.gov](mailto:ShideK@dshs.wa.gov)



## The Challenges for Delivering First Steps Services to High Risk Women

Submitted by Laurie Cawthon, MD, MPH, Research and Data Analysis, DSHS

Summarized by Maureen Lally, First Steps Infant Program Manager, DSHS



When the 1989 Washington State legislature called for removal of unnecessary barriers to receiving prenatal care, increased access to care, and expanded Medicaid services for low-income pregnant women, the First Steps Program was born.

For high-risk women especially, the program premise was that prenatal medical care alone is not sufficient to achieve better birth outcomes. The First Steps program's Maternity Support Services became uniquely positioned to provide interdisciplinary services to low-income women.

Laurie Cawthon, M.D., M.P.H. of the DSHS Research and Data Analysis Division recently examined the current status of birth outcomes (low birth weight); risk factors for poor birth outcomes; and service utilization patterns for Maternity Support Services. The detailed results, reported in fact sheet number 9.82 **The First Steps Program: 1989-2004**, is posted on the First Steps website <http://fortress.wa.gov/dshs/maa/firststeps>. The fact sheet is also available on the RDA website at <http://www1.dshs.wa.gov/rda/research/9/82.shtm> or by request from DSHS Research and Data Analysis (telephone 360-902-0707). The article below summarizes the report.

### ***Low Birth Weight: a primary indicator of a newborn infant's health***

Sobering news: While low birth weight rates decreased after the First Steps program began, low birth weight rates *increased* statewide in 2003-2004, as well as for specific groups, including those with Pregnancy Medical only coverage, women receiving AFDC/TANF, African American women, and American Indian women. Increases in low birth weight rates are not inconsistent with the national trend, it is a real change for Washington State. Indeed, our national ranking for infant mortality has slipped from 3<sup>rd</sup> lowest of the 50 states in 1999 to 10<sup>th</sup> lowest in 2003. Disparities persist between higher income and lower income women, and between African American women and white women, for American Indians, the disparity widened in 2003-04.

Better news: Among Medicaid women with identified substance use problems, the 2003-04 low birth weight rate is slightly lower than the 1993-94 rate. If these Medicaid women are identified prenatally and receive treatment for chemical dependency and/or an intensive comprehensive program before they deliver, their low birth weight rates may significantly improve.

### ***Risk Factors for Poor Birth Outcomes***

Low birth weight (LBW) and infant mortality (IM) have many different causes. Risk factors and causes vary in different populations. Until the causes of poor birth outcomes are better understood, the best strategy is to target modifiable risk factors and causes that can be resolved by early identification and targeted interventions prior to delivery.

- The risk of LBW/IM was 3.0 times greater for women with hypertension (pre-existing or pregnancy-induced) than for women without hypertension.
- The risk of LBW/IM was 2.6 times greater for women with a prior LBW infant than for women without a prior LBW infant.
- The risk of LBW/IM was 1.7 times greater for women with identified substance abuse than for women without substance abuse, after controlling for other risk factors.



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Laurie looked at 16 risk factors known to be associated with low birth weight and/or infant mortality, and pertinent to Medicaid women. Medicaid women who received MSS were divided into high, moderate, and low risk groupings to explore the relationship between level of risk and receipt of MSS. The actual rates of low birth rate for the three risk groups show the low birth weight rate for the high- risk group was more than 5 times that of the low- risk group. Yet, the proportion of women who received MSS in each risk group appeared to be unrelated to the risk level for poor birth outcomes. Among those who received MSS, the average number of visits ranged from 5.0 to 5.3 across the high-, medium- and low- risk groups. The number of visits also appears to be unrelated to the risk level for poor birth outcomes.

#### **FUTURE DIRECTIONS**

Rising rates of low birth weight in Washington State challenge maternity care providers to offer interventions with greater effectiveness.

The First Steps Program's Maternity Support Services is uniquely positioned to provide multidisciplinary services to low-income women. The benefits of these services can be increased by addressing the individual risks of clients for poor birth outcomes, individualizing services depending on the client's risk level, and providing appropriate and timely interventions prior to delivery.

#### **“10 Simple Ways to Protect Your Baby's Smile”**

*Submitted by Maggi Kriger, ABCD Coordinator Whatcom County Health Department*

In an effort to promote an early start to healthy habits and a healthy mouth, the parent education brochure “10 Simple Ways to Protect Your Baby's Smile” is available for your modification and local use.

Recently updated, this attractive brochure provides simple tips for parents as well as local resource information. The *10 Simple Ways* brochure was developed in 2001 in Whatcom County with technical assistance from UW Pediatric Dentistry Department. Since that time, this brochure has been printed in three languages (English, Russian, and Spanish) and approximately 40,000 copies have been distributed in Whatcom County.

Additionally, *10 Simple Ways* has been viewed by thousands, nationally and internationally, on the HappyTeeth.org website. The brochure has been requested by many dental, medical, and social service providers and has been modified for regional use in a variety of locations in the U.S. and Canada.

The brochures are appropriate for a variety of uses and settings including: WIC offices; health departments; childcare centers; dental offices; medical offices; childbirth centers; and many other locations associated with *First Steps*.

View or download the brochure in its entirety at:  
[http://www.happyteeth.org/advocacy/10\\_simple\\_ways.htm](http://www.happyteeth.org/advocacy/10_simple_ways.htm)

The *10 Simple Ways* brochure is available for your modification with inclusion of local dental resources. You are also welcome to utilize the brochure content separately from the brochure. We do request that you let us know if you intend to use or modify the brochure.

If you would like more information, or wish to be connected with assistance to modify the brochure, please contact Maggi Kriger @ 676-6762 x32022 or [mkriger@co.whatcom.wa.us](mailto:mkriger@co.whatcom.wa.us)







*(Formerly Depression After Delivery)*

*Submitted by:*

*Heidi Koss-Nobel, Executive Director & State Coordinator, Postpartum Support International (PSI) of WA*

For over 19 years, Postpartum Support International of Washington State, a non-profit organization, has been serving families experiencing a mood disorder such as depression or anxiety during or after a pregnancy. Recently they have been collaborating with the state- wide “Speak Up When You’re Down” awareness campaign, and have been offering several in-service trainings about pregnancy and postpartum mood disorders (PPMD) throughout the state.

All of PSI of WA’s support services are offered free to families and professional education opportunities such as in-services or conferences and are offered at nominal fees.

Support is offered through volunteers who are moms who have had PPMD and recovered, offering families the unique opportunity to talk to “someone who’s been there”. This model of peer support groups and telephone support has proven to be very effective and cost efficient. Our volunteers offer support based on the model, “9 Steps to Wellness”, adapted from **I’m Listening**, a book specifically targeting how to offer volunteer peer support to mothers experiencing PPMD, published by Jane Honikman Founding Director, Postpartum Support International. The 9 steps are:

1. **Education** (see list of recommended reading)
2. **Sleep** (REM sleep for brain “repair” of serotonin levels)
3. **Nutrition** (you must eat so your medications can be absorbed, proteins aid mood stability)
4. **Exercise and Time for Yourself** (even a short walk or an hour away – put yourself on the “list”)
5. **Sharing with Non-Judgmental Listeners**
6. **Emotional Support** (i.e. therapy, talking with family and friends)
7. **Practical Support** (help with household chores, errands, etc...)
8. **Referrals to Professionals**
  - ❖ Medical provider
  - ❖ Therapy provider
  - ❖ Support groups
  - ❖ Doula, International Board Certified Lactation Consultants (IBCLC)
9. **Plan of Action**

“Look back over your list. What’s working well and what could be better?” “What are you going to do when we finish talking?”



### **Postpartum Support of WA Core Services**

- ❖ Toll-free telephone support line 1-888-404-PPMD (7763)  
Staffed by volunteer moms who have recovered from PPMD themselves “Talk to a mom who’s been there”
- ❖ Not designed primarily for crisis calls
- ❖ Voice mail box system – volunteer checks for messages several times per day and returns calls
- ❖ Main number for “Speak Up When You’re Down” Campaign “Warm-line”
- ❖ National Hotline for Suicidal Moms 1-800-PPDMOMS (773-6667)  
Answered by trained crisis intervention specialists 24 hours per day, 7 days per week PPDMOMS mission is to help prevent suicide by women of child bearing years. PPDMOMS is owned by Kristen Brooks Hope Center  
[www.1800PPDMOMS.org](http://www.1800PPDMOMS.org)

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- ❖ Support Groups
  - Free, drop-in
  - Lead by a trained volunteer
- ❖ Informational Website [www.ppmdsupport.com](http://www.ppmdsupport.com)
- ❖ Referrals
  - List of Health care providers specializing in PPMD (as identified by screening questionnaire)
- ❖ Dawn Gruen Scholarship Fund
  - For low-income families or families w/o insurance
  - Pays for either therapy, doctor appointments for medication management, or postpartum doula care
  - Reduced fees negotiated with local providers on our referral list
  - Services are capped at \$500 per family, which pays for 10 therapy visits, 10 medication management visits, or 20 postpartum doula visits
  - Our volunteers fill out scholarship applications over our toll-free telephone support line
- ❖ Educational outreach for Professionals
  - In-services
  - Conferences
  - Newsletters
  - Brochures
  - Flyers: **“Are You Sleeping Less & Crying More than Your Baby?”**
  - Publications: **Beyond the Birth: What No One Ever Talks About** (English & Spanish) by Dawn Gruen, MSW, ACSW, Rex Gentry, MD, Abby Myers, ARNP & Sandra Jolley, PhD, ARNP

Postpartum Support International (PSI) of WA [www.ppmdsupport.com](http://www.ppmdsupport.com) 1-888-404-PPMD, PO Box 15535, Seattle, WA 98115

**Editor's Note:** The following article is geared toward public mental health for children and youth. Crisis services apply to all ages. You are encouraged to visit the Mental Health website and browse the Children and Families section.

## Navigating the Public Mental Health System: A Brief Overview

*Submitted by Bronwyn Vincent, Program Administrator, Mental Health Division, DSHS*

The public mental health system in Washington State is funded through the Mental Health Division (MHD) of the Health and Recovery Services Administration (HRSA) of the Department of Social and Health Services (DSHS). MHD contracts for community mental health services through the Regional Support Networks (RSNs). RSNs are responsible for crisis services, operate managed care programs for Medicaid- eligible individuals, and provide services to other low income families as resources allow. RSNs consist of a single county such as King, Pierce, Clark and Spokane, or two or more counties forming a consortium, such as Thurston-Mason RSN and North Central RSN. Washington's 39 counties make up a total of 13 RSNs. The RSNs contract for services through local community mental health centers.

There is information about the public mental health system on the MHD website at [www1.dshs.wa.gov/mentalhealth/](http://www1.dshs.wa.gov/mentalhealth/) including contact information for each of the RSNs and the crisis line for each.

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## ***How to Access Public Mental Health Services***

### ***Crisis Services***

Crisis services are available to everyone through the public mental health system. If you know someone in a mental health crisis, call the [crisis line](#) for your region. The toll free number should be in your local phone book or on the Mental Health Division website [www1.dshs.wa.gov/mentalhealth/](http://www1.dshs.wa.gov/mentalhealth/). Help is available 24 hours every day. Crisis line staff will assess the situation and if necessary, send someone out to evaluate the person. Crisis services may include an assessment of the need for hospitalization. As always, if there is a life threatening emergency, call **911**.

### ***Public Mental Health Services***

The public mental health system is primarily for persons who are Medicaid- eligible. If someone is on Medicaid, that person has medically necessary mental health benefits. Medical necessity is determined by Access to Care Standards. All Medicaid- eligible persons are guaranteed an intake assessment to establish medical necessity. Public mental health services can be accessed only through licensed agencies authorized by Regional Support Networks. Outpatient and acute inpatient services must be authorized by the RSN. If services are accessed from a provider not authorized by the RSN, the person seeking services may be responsible for the cost of those services.

### ***Outpatient Services***

Where a person lives determines which mental health agency provides services to that individual. Contact the local RSN listed on the website and request the name and phone number of the mental health agency serving that area. Call the mental health agency for an appointment.

### ***Acute Inpatient Services***

Acute inpatient services are provided in an emergency situation when someone is gravely disabled or is likely to do serious harm to self or others as a result of a mental illness. A Mental Health Professional must evaluate the person's condition to make this determination. To access this service, call the [Regional Support Network](#), or if there is a life-threatening situation, call **911**. For more information, contact your local [mental health crisis line](#).



## **The Early Learning Council**

*Submitted by Karen Tvedt, Executive Director, Early Learning Council, Governor's Executive Policy Office*

If each and every child got off to a great start, with excellent health care and early learning experiences that support all aspects of development, Washington State would have a firm foundation for a globally-competitive education system—absolutely critical to remaining competitive in the rapidly changing global economy.

Researchers in fields as diverse as brain development and economics support this premise. The early years are when the brain grows rapidly and makes the physical connections that support future learning. Especially for children facing poverty and other challenges, investments in the early years yield a lifetime of benefits.

Figuring out what parents and other caregivers need to make sure every child gets a great start and arrives at the kindergarten door ready to succeed in school and life is the challenge being tackled by the Early Learning Council. The Early Learning Council, created by legislation in 2005, is an important part of Governor Gregoire's comprehensive study of education, Washington Learns. The Early Learning Council is charged with providing long-range vision, leadership and direction to the creation of a high quality early learning system in Washington.

Early Learning Council recommendations led to the creation of the new Department of Early Learning, which consolidates child care and early learning programs and shines a bright light on early learning within state government. The Early Learning Council also supported the formation of Thrive by Five, a private-public partnership that unites organizations like the Bill & Melinda Gates Foundation, the Boeing Company, and Wells Fargo Bank with the state on strategies to improve early learning outcomes for young children.

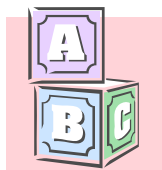


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In July, the Early Learning Council forwarded its second round of recommendations to Washington Learns. Included are proposals about making sure parents have the information and supports they need, in ways that respond to the specific needs of families and communities throughout the state. A design for a child care rating system is included. Child care centers and homes would be encouraged to upgrade the early learning services they offer and to achieve national accreditation. Similar to restaurant and movie ratings, the ratings would help parents in making child care decisions. Recommendations are also included about child care regulation and safety, affordability, and education and compensation for people working in child care and early education.

The Washington Learns Steering Committee will release its final report and priorities at a summit on November 13<sup>th</sup>. For more information, feel free to contact Karen Tvedt at 360-902-0642 or [Karen.tvedt@gov.wa.gov](mailto:Karen.tvedt@gov.wa.gov).



## CLIENT SATISFACTION SURVEY SAMPLES

**Editor's Note:** In the last issue of *First Steps News*, we asked if you had an evaluation tool measuring client satisfaction that you're particularly proud of. Listed below are sample surveys from several *First Steps* agencies.



### 1. Submitted by Whatcom Co Health Dept

Date \_\_\_\_\_  
Dear \_\_\_\_\_

The Whatcom County Health Department Maternal/Child Health section is conducting a survey of families who received nurse, social worker, registered dietitian and/or case manager visits in 2005-2006. The responses you give will help document the needs for continued home and office visit services. Many of our clients receive WIC services too. **Please do not include WIC Services in your response.**

Your feedback will help us determine what services should receive ongoing support and what is important to you. Please answer the following questions and return the survey in the enclosed self-addressed, stamped envelope. Thank you very much.

**1. Please circle the name(s) of your care provider:**

Dotty   Gail   Jean   Judy   Michelle   Paula   Sally   Sylvia

**2. I learned: (check all that apply)**

- A. ☐ How to use my child's car seat correctly
- B. ☐ How to make my home safer
- C. ☐ Ways to play with my baby
- D. ☐ How to use resources
- E. ☐ What and when to feed my baby
- F. ☐ How to care for my baby's teeth
- G. ☐ How second hand smoke can harm my baby
- H. ☐ How to take my baby's temperature (read a thermometer)
- Other: \_\_\_\_\_



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**3. I feel more comfortable about:**

- A. \_\_\_\_ Infant/Baby Care
- B. \_\_\_\_ Dealing with crying
- C. \_\_\_\_ Recognizing illness and when to call my doctor
- D. \_\_\_\_ How my baby lets me know what he/she needs
- E. \_\_\_\_ Using birth control correctly

Other: \_\_\_\_\_



**4. Would you recommend the service you received to any of your friends?**

\_\_\_\_ Yes \_\_\_\_ No

**5. Could you have received the service from someone else such as your doctor or other provider?**

\_\_\_\_ Yes \_\_\_\_ No

**6. How important was the service to you?**

\_\_\_\_ Very important \_\_\_\_ Somewhat important \_\_\_\_ Not important

Please make any comments you would like, which would help us evaluate the services. Once again, I appreciate your time to complete this survey.

Sincerely,

**2. Submitted by Yakima Neighborhood Health Services**



**Patient Perception of Care Survey Winter 2006 (English Version)**

	Strongly Disagree					Strongly Agree
I was seen within 15 minutes of my scheduled appointment	1	2	3	4	5	NA
The time and day of my appointment was convenient for me	1	2	3	4	5	NA
▪ If client rates below 4: What time and day would be better? _____						
My needs are considered when my appointment is scheduled	1	2	3	4	5	NA
The care I received was of the highest quality	1	2	3	4	5	NA
The information I received was thoroughly explained to me in a manner I could understand	1	2	3	4	5	NA
I was treated with respect	1	2	3	4	5	NA
My questions were answered to my satisfaction	1	2	3	4	5	NA
The receptionist greeted me promptly and politely	1	2	3	4	5	NA

Do you use the internet? YES NO Do you have an email address? YES NO

What do you like best about our services?

\_\_\_\_\_  
 \_\_\_\_\_

What do you like least about our services?

\_\_\_\_\_

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What additional services would you like us to offer?

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Is there anything else you would like us to know about our services?

**FOR STAFF USE ONLY**

**Type of visit:** AdultMed Connections Dental Fast Track HCH Outreach MSS PedMed Pharmacy WIC

**Site:** Yakima Sunnyside Med/Dental Provider \_\_\_\_\_  
Winter 2006

**PATIENT PERCEPTION OF CARE SURVEY WINTER 2006** (Spanish Version)

	<b>Desacuerdo</b>				<b>Deacuerdo</b>	
Fui visto/a dentro de los 15 minutos de la hora de mi cita.	1	2	3	4	5	NA
La hora y el dia de mi cita fue conveniente para mi	1	2	3	4	5	NA
▪ Si el cliente califica menos de 4: ¿Que horaio y dia seria mejor? _____						
Mis necesidades son consideradas al momento de hacer mi cita.	1	2	3	4	5	NA
El cuidado que recibí fue de la más alta calidad	1	2	3	4	5	NA
La información que recibí se me fue explicada de una manera que yo pudiese entender.	1	2	3	4	5	NA
Fui tratado/a con respeto	1	2	3	4	5	NA
Mis preguntas fueron contestadas para mi satisfacción	1	2	3	4	5	NA
La recepcionista me atendio pronto y amable	1	2	3	4	5	NA

¿Usted usa el internet? SI NO      ¿Tiene usted direccion electronica? SI NO

¿Que es lo que mas le gusta de nuestros servicios?

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¿Que es lo que menos le gusta de nuestros servicios?

---

¿Que otros servicios adicionales le gustaria que le ofrecieramos?

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¿Hay alguna otra cosa que quisiera dejarnos saber sobre nuestros servicios?

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**FOR STAFF USE ONLY**

**Type of visit:**

AdultMed Connections Dental Fast Track HCH Outreach MSS PedMed Pharmacy WIC

**Site:** Yakima Sunnyside Med/Dental Provider \_\_\_\_\_



### 3. Adapted from Holy Family Hospital, Spokane

#### Local Agency Letterhead

First Steps Maternity Support Services/Infant Case Management Program

HOW DID WE DO? Our goal is to provide you with the best care with compassion and respect. Your comments help us to improve.

Please circle the words that describe your thoughts or feelings.

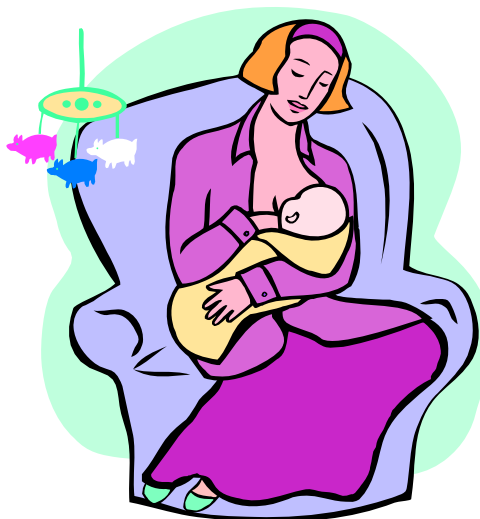
1. First Steps staff listened to me and helped me with my concerns.  
Agree   Somewhat agree   Somewhat disagree   Disagree   Don't know
2. First Steps Staff helped me to feel more confident and able to care for myself.  
Agree   Somewhat agree   Somewhat disagree   Disagree   Don't know
3. First Steps staff helped me to feel more confident and able to care for my baby.  
Agree   Somewhat Agree   Somewhat disagree   Disagree   Don't know
4. The First Steps staff was caring and respectful.  
Agree   Somewhat Agree   Somewhat Disagree   Disagree   Don't know
5. First Steps staff gave me enough information about services I may have needed.  
Agree   Somewhat Agree   Somewhat Disagree   Disagree   Don't know
6. As a result of First Steps staff help, I have improved some of my self-care behaviors (such as, eating, sleeping, exercise, stopping smoking or stopping drinking).  
Agree   Somewhat Agree   Somewhat Disagree   Disagree   Don't know
7. Things about the First Steps program that I think need to be changed or improved:



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Thank you for taking the time to give us your thoughts and helping us to improve.

Please mail this in the envelope provided, or give to a First Steps staff.  
**MSS/ICM Program, Your Address, Your City, WA Your Zip**





#### 4. Submitted By Answers Counselling & Case Management Services

Karla Cain writes “we seem to get a really good return rate with the following process:



Give to the client in a self addressed, stamped envelope at the last MSS and ICM appointment. The survey is confidential- clients do not have to disclose their names. We ask them to be honest in order to help us improve services and our interventions.

#### Maternity Support Services & Infant Case Management Program Evaluation

Please complete the following evaluation of your MSS/ICM worker's and our agency.

Lead Worker's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please rate your case manager for each of the following (circle): **P** (poor) **F** (fair) **G** (good) **E** (excellent)

- |  |                      |                    |   |   |
|--|----------------------|--------------------|---|---|
| 1. Understanding of materials given  | P                    | F                  | G | E |
| 2. Staff's patience and understanding  | P                    | F                  | G | E |
| 3. Are staff easy to talk to   | P                    | F                  | G | E |
| 4. Is contact with staff often enough  | P                    | F                  | G | E |
| 5. Does staff help in goal setting   | P                    | F                  | G | E |
| 6. Have you been given access to needed items for your baby and yourself   | P                    | F                  | G | E |
| 7. Has staff explained available resources to you in detail  | P                    | F                  | G | E |
| 8. Contact was made with your team as a problem occurred   | P                    | F                  | G | E |
| 9. Your team was responsive in helping you solve identified problems.  | P                    | F                  | G | E |
| 10. I had my prenatal care by _____ (Doctor, midwife or clinic) I rate my care as  | P                    | F                  | G | E |
| 11. If you are/were a smoker were you offered support and help to quit smoking?<br>Were you referred to the WA state Quitline?   | ____ Yes<br>____ Yes | ____ No<br>____ No |   |   |
| 12. What resources have you used since your contact with our agency?<br>____WIC ____Child Health ____Legal (paternity) ____Food Stamps<br>____Parenting Classes ____Adoption ____Medical Services ____Food Bank<br>____Domestic Violence/Sexual Assault Service ____Family Planning<br>____Job Service Center (Employment Security) ____School/GED<br>____Employment ____Housing Authority Other _____ |                      |                    |   |   |
| 13. In what ways has our agency been helpful to you?   | <hr/>                |                    |   |   |
| 14. In what ways could our agency be more helpful?   | <hr/>                |                    |   |   |

